

Remember: Always state the Number
of Policy and Name of Agent
in making inquiries

PREMIUM RECEIPT BOOK

Metropolitan Life Insurance Company

OF
NEW YORK

PACIFIC COAST
HEAD OFFICE
SAN FRANCISCO, CAL.

KEEP THIS BOOK IN GOOD ORDER
ALWAYS HAVE IT READY FOR THE AGENT

Policy No.	NAME OF INSURED	Premium
~~31878777~~	~~Oliver Habel~~	~~25~~
~~31870757~~	~~Bentley~~	~~25~~
3		
31720870	King Grant	25
32068985	Rose	15
32417764	Rose	15
		60
32564486	Grant	15
		70
33033124	Rose	15
		85
TOTAL WEEKLY PREMIUM		

REMEMBER: { Always state number of policy and name of Agent in making inquiries.

The authorized Agent of the Company will always, when first calling upon a policy-holder, be introduced by the Deputy Manager of the Branch Office of this district, where all information will be given. Address:

EVERY
DURST.

District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1922	1922	
	JAN. 2		1
	" 9		2
	" 16		3
	" 23		4
	" 30		5
	FEB. 6		6
	" 13		7
	" 20		8
	" 27		9
	MAR. 6		10
	" 13		11
	" 20		12
	" 27		13
	APR. 3		14
	" 10		15
	" 17		16
	" 24		17
	MAY 1		18
	" 8		19
	" 15		20
	" 22		21
	" 29		22
	JUNE 5		23
	" 12		24
	" 19		25
	" 26		26

DON'T PAY PREMIUMS TO STRANGERS

SPECIAL NOTICE TO PARENTS AND GUARDIANS.

The laws of New York State and the policy contracts of this Company provide that no insurance may be carried on any child in excess of the following schedule:

If child is under	2, not over	\$30
If child is under	3, not over	34
If child is under	4, not over	40
If child is under	5, not over	48
If child is under	6, not over	58
If child is under	7, not over	140
If child is under	8, not over	168
If child is under	9, not over	200
If child is under	10, not over	240
If child is under	11, not over	300
If child is under	12, not over	380
If child is under	13, not over	460
If child is under	14, not over	520
If child is under	15, not over	520

District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1922	1922	
	JULY 3		1
	" 10		2
	" 17		3
	" 24		4
25	" 31	8/2	5
25	AUG. 7		6
25	" 14		7
25	" 21	8/21	8
25	" 28	8/31	9
25	SEP. 4		10
25	" 11		11
25	" 18		12
25	" 25		13
25	OCT. 2		14
25	" 9	10-26	15
25	" 16	—	16
25	" 23	—	17
25	" 30	—	18
25	NOV. 6	—	19
25	" 13	—	20
25	" 20	—	21
25	" 27	—	22
25	DEC. 4	11-29	23
25	" 11	—	24
25	" 18	—	25
25	" 25	—	26

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District

Premium	Date When Due	Date When Recd.	On first line of each page slip full name and enter agency number; afterwards initials.
	1923	1923	
25	JAN. 1	-29	Minchin 1
25	" 8	1-25	2
25	" 15	-	3
25	" 22	-	4
25	" 29	-	5
25	FEB. 5	-	Minchin 6
25	" 12	3-2	7
25	" 19	-	8
25	" 26	-	9
25	MAR. 5	-	10
25	" 12	-	11
25	" 19	-	Minchin 12
25	" 26	4-6	13
25	APR. 2	-	14
25	" 9	-	15
25	" 16	-	Minchin 16
25	" 23	5-3	17
25	" 30	-	18
25	MAY 7	-	19
25	" 14	-	20
25	" 21	-	21
25	" 28	-	Minchin 22
40	JUN 4	6-11	23
40	" 11	-	24
40	" 18	-	Minchin 25
40	" 25	-	26

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District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1923	1923	
40	JULY 2	7-30	1
40	" 9		2
40	" 16		3
40	" 23		4
40	" 30	7-30	5
40	AUG. 6	8-27	6
40	" 13		7
40	" 20		8
40	" 27		9
40	SEP. 3		10
40	" 10		11
40	" 17	11	12
40	" 24		13
40	OCT. 1		14
40	" 8		15
40	" 15	11	16
40	" 22	11	17
40	" 29		18
40	NOV. 5		19
40	" 12		20
40	" 19	12	21
40	" 26		22
40	DEC. 3		23
40	" 10		24
40	" 17		25
40	" 24		26
40	" 31	11	27

District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1924	1924	
1.00	JAN. 7	1/11	Monahan 1
1.00	" 14	1	2
1.00	" 21	1	3
1.00	" 28	1	4
1.00	FEB. 4	2/30	Monahan 5
1.00	" 11	2-19	Monahan 6
40	" 18	2-19	7
40	" 25	—	7 a Boyd 8
1.00	MAR. 3	3/25	9
40	" 10		10
40	" 17		1
40	" 24	—	2 a Boyd 1
40	" 31	—	2 a Boyd 1
1.00	APR. 7	4	1
40	" 14	1	1
40	" 21	1	1
40	" 28	1	1
1.00	MAY 5	5	1
40	" 12	1	1
1.50	" 19	1	2
1.50	" 26	1	2
1.50	JUNE 2	1	Monahan
1.50	" 9	1	1
1.50	" 16	1	1
1.50	" 23	1	1
1.00	" 30	1	1

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District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1924	1924	
15	JULY 7		Manekin 1
55	" 14	7	2
55	" 21		3
55	" 28		4
55	AUG. 4		5
55	" 11	10	Manekin 6
55	" 18	9	7
55	" 25		8
55	SEP. 1		9
55	" 8		10
55	" 15		11
55	" 22	13	Manekin 12
55	" 29		13
55	OCT. 6		14
55	" 13		15
55	" 20		16
55	" 27		17
55	NOV. 3		18
55	" 10		19
55	" 17		20
55	" 24		21
55	DEC. 1		22
55	" 8		23
70	" 15	1	24
70	" 22		25
70	" 29	6	Manekin 26

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District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.	
	1925	1925		
70	JAN. 5	1-5	Henchin	1
70	" 12	2/9	Henchin	2
70	" 19			3
70	" 26	2/19	My receipt	4
70	FEB. 2			5
70	" 9			6
70	" 16			7
70	" 23	26	Henchin	8
70	MAR. 2			9
70	" 9	Mar 9	Henchin	10
70	" 16	Mar 16	H.E.	11
70	" 23			12
70	" 30			13
70	APR. 6			14
70	" 13	4/13	H.E. Simons	15
70	" 20			16
70	" 27			17
70	MAY 4			18
70	" 11	5/28	H.E. S.	19
70	" 18			20
70	" 25	5/28	H.E. S.	21
70	JUNE 1			22
70	" 8			23
70	" 15	6/11	H.E. S.	24
70	" 22			25
70	" 29			26

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Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.	
	1925	1925		
70	JULY 6	4/23	A. E. General	1
70	" 13	5		2
70	" 20			3
70	" 27	1/37		4
70	AUG. 3	8/11		5
70	" 10			6
70	" 17			7
70	" 24			8
70	" 31	1/36		9
70	SEP. 7	9		10
70	" 14			11
70	" 21			12
70	" 28	1/11		13
70	OCT. 5	10/2		14
70	" 12	5/1		15
70	" 19	7/21		16
70	" 26	1/24		17
70	NOV. 2	11		18
70	" 9			19
70	" 16	1		20
70	" 23	11		21
70	" 30	1/20		22
70	DEC. 7	11/7		23
70	" 14			24
70	" 21	1/11		25
70	" 28	1/29		26

DON'T PAY PREMIUMS TO STRANGERS

District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1926	1926	
	JAN. 4		1
	" 11		2
70	" 18		3
70	" 25		4
15	FEB. 1		5
	" 8		6
	" 15		7
	" 22		8
	MAR. 1		9
55	" 8		10
55	" 15		11
55	" 22		12
	" 29		13
	APR. 5		14
	" 12		15
	" 19		16
	" 26		17
	MAY 3		18
	" 10		19
	" 17		20
	" 24		21
	" 31		22
	JUNE 7		23
	" 14		24
95	" 21		25
85	" 28		26

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District

Premium	Date When Due	Date When Recd.	On first line of each page sign full name and enter agency number; afterwards initials.
	1926	1926	
85	JULY 5	6-30	H. H. H. 1
85	" 12	7	H. H. H. 2
85	" 19		H. H. H. 3
85	" 26		H. H. H. 4
85	AUG. 2	1-26	H. H. H. 5
85	" 9	8	H. H. H. 6
85	" 16	11	H. H. H. 7
85	" 23	8	H. H. H. 8
85	" 30		H. H. H. 9
85	SEP. 6	1-26	H. H. H. 10
85	" 13	9	H. H. H. 11
85	" 20	1-27	H. H. H. 12
85	" 27	10	H. H. H. 13
85	OCT. 4		H. H. H. 14
85	" 11		H. H. H. 15
85	" 18	1-12	H. H. H. 16
85	" 25	1-11	H. H. H. 17
85	NOV. 1		H. H. H. 18
85	" 8	1-11	H. H. H. 19
85	" 15		H. H. H. 20
85	" 22		H. H. H. 21
85	" 29	1-26	H. H. H. 22
85	DEC. 6	1-31	H. H. H. 23
85	" 13		H. H. H. 24
85	" 20		H. H. H. 25
85	" 27	1-12	H. H. H. 26

DON'T PAY PREMIUMS TO STRANGERS

Policy-holder must immediately notify the Branch Office, or the Home Office, or Pacific Coast Head Office, of change of address, using the postal card opposite.

Premiums are due each Monday, in advance. If the Agent does not collect weekly, send your premiums to the Branch Office, or to the Home Office in New York City, or to the Head Office in San Francisco, Cal. **Express or Postal Money Orders should be made payable only to the Metropolitan Life Insurance Company.**

All payments must be entered in THIS PREMIUM RECEIPT BOOK by the authorized Agent at the time of payment, or they will not be credited by the Company.

All premiums paid in advance are returned in event of death.

BE SAFE AND PAY PREMIUMS IN ADVANCE.

Agents are prohibited from paying or advancing premiums for policy-holders.

No surrender value will be allowed, nor will any cash be paid for the surrender of a policy, except where the conditions of the policy provide for such payment.

Policies on which the premiums are unpaid for more than four weeks are forfeited. Money paid to Agents after that time will not be credited on the forfeited policy by the Company, but the policy may be renewed subject to the rules of the Company, full particulars regarding which may be obtained from any Agent or at the Branch Office.

Free Policies by Surrender.—When a policy issued prior to January 1, 1907, has been in force for at least five years, or if issued subsequent to that date after it has been in force for at least three years, it may be surrendered for a Free policy. This policy will not be for the amount of premiums paid nor for the face of the policy, but for a reduced amount dependent upon the time the original policy has been in force.

Full particulars may be obtained at the Branch Office or by correspondence with the Home Office in New York City, or Head Office in San Francisco, Cal.

Under policies issued since January 1, 1907, provision is made automatically for extended insurance, or if issued since July 1, 1911, for paid-up insurance after premiums have been paid for three years or more.

Free Policies at Age 75.—On all policies issued after January 1, 1907, under the Whole Life Adult and Whole Life Infantile tables, **PAYMENT OF THE PREMIUMS WILL CEASE WHEN THE INSURED REACHES 75 YEARS OF AGE;** no more premiums to be collected after that time, but the policies continuing in force until death, when the full amount called for by the policies will be paid.

Dividends to policy-holders.—For many years the Metropolitan has annually paid Dividends on certain Industrial policies. These Dividends are announced the first of each year, and policy-holders can obtain full particulars by inquiry of their Agents, or at the Branch Offices.

POLICY-HOLDERS WILL PLEASE READ THEIR POLICIES from beginning to end as soon as received, and if not obtained strictly in accordance with the rules which follow, immediately notify the Home Office or Pacific Coast Head Office.

The contract of this Company with the Insured is fully set out in the policy, and its terms will not be varied by the Company, nor has any Agent power to vary the same by act, or word, or agreement.

Every policy-holder is allowed two weeks after date of his policy in which to determine whether he desires to retain it, and has the right to surrender it to the Manager of the district in which the policy was issued and receive back his premiums and have the policy canceled.

APPLICATIONS.

ALL APPLICATIONS FOR POLICIES OR RENEWAL OF POLICIES MUST BE MADE ON THE APPLICATION FORMS PROVIDED BY THE COMPANY. The Company holds the right to accept or reject each application.

(Continued on third page of cover.)

Insurance is not issued on persons under 1 or over 65 years of age (prior to January 1, 1911, policies were issued to age 70), nor on other than sound, healthy lives; nor on those who are or have been of intemperate habits, or the insane, idiotic, blind, deaf, dumb or crippled.

AN APPLICATION WILL NOT BE ACCEPTED upon the life of any person (children excepted) unless the life on which the policy is applied for understands and consents to the insurance and signs the application.

APPLICATIONS ON LIVES UNDER 15 next birthday must be signed by a parent of the child—or by such relative as has undertaken the child's support, with proof of such responsibility.

APPLICATIONS ON LIVES 15 YEARS OF AGE OR OVER MUST BE SIGNED BY THE LIFE PROPOSED.

In no case must any signature be affixed to the application, until answers to all the questions above the signature have been filled in and pronounced correct.

BUT ONE POLICY IS IN FORCE on one life, unless permission to hold additional insurance is endorsed on the policy. Policies received without this endorsement are void and will not be paid by the Company.

NOTICE IS HEREBY GIVEN that if any policy named in this book has been issued in violation of the foregoing rules, it has been done without the knowledge or consent of the Company and by the wrongful act of the applicants and in fraud of the Company and all premiums paid thereon after the issue of this book will be forfeited to the Company.

DEATH CLAIMS.

On death of insured immediately notify the Branch Office of this district or the Home Office. The Company pays claims when satisfactory proofs of death are received at the Home Office, or Pacific Coast Head Office.

Claimant should personally call at Branch Office designated in this book. Pay neither doctor, undertaker nor Agent for preparation of claim papers. Deliver the policy only to the Company. The Company is glad to pay, and there is no necessity for help or alleged influence in collecting. Presentation of satisfactory proof of death is all that is necessary to collect a claim, with evidence that the person presenting the claim has the legal right under the rules of the Company to collect.

EMPLOYEES OF THE COMPANY ARE PROHIBITED from receiving compensation, for expenses or any purpose whatever, from a claimant or other person, for attending to a death claim.

A TWELVE-PAGE PAPER FOR GRATUITOUS CIRCULATION is published by the Company. It contains interesting stories, valuable household hints, practical rules and recipes, and entertaining and instructive reading generally. Many of its articles are prepared for the special use of the policy-holders of the METROPOLITAN. Every insured family is entitled to a copy. If the Agent does not supply you regularly, notify the Branch Office, or the Home Office in New York, or Pacific Coast Head Office, San Francisco, Cal. You can avoid missing any issues by following the volume and number at the top of the first page.

In its Ordinary Department the METROPOLITAN issues policies from \$500 to \$150,000 on plans adapted to all situations and circumstances of life, at rates considerably lower than those of other first-class companies. Premiums are payable yearly, half-yearly or quarterly, at the option of the policy-holder. If your circumstances are such that you prefer a policy of this kind, apply to your Agent for details.



HOME OFFICE, METROPOLITAN LIFE
INSURANCE CO., NEW YORK